

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MD024 Date of Visit: 11/19/20

Contractor Personnel on Site:

1. <u>John Brown</u>	3. _____
2. _____	4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 12947FQ,12981MO,13001QT,13025SA,13104S
2. FILTERS,GATES,KITCHEN EQUIP,WATER HEATERS,OUTSIDE LIGHTING
3. AIR HANDLERS,CONDENSING UNITS,HEAT PUMPS, WINDOW AC UNITS
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 11/19/20

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: CW5 MARK SMITH Date: 11/19/20

Signed: AUGUSTIN.KENNETH.PETER.1043702560 Digitally signed by AUGUSTIN.KENNETH.PETER.1043702560
Date: 2020.11.30 07:08:47 -05'00'

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: MD024-01

MECHANIC SIGNATURE.

DATE: 11/19/20

LOCATION/RM #: **WO# 12947**

START TIME: 0900

FINISH TIME: 1630

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: